

AUTHORIZATION TO ACT AS AGENT

TO: Kannapolis Police Department and Kannapolis Police Officers

Authorization: I am the owner of the premises described herein or am authorized to act on behalf of the owner. I hereby authorize each sworn officer of the Kannapolis Police Department to act as my/our agent in ordering any unauthorized individual(s) to leave the premises described herein during the enumerated hours. I understand that each sworn officer is authorized to act as my agent and to order individuals to leave the premises described herein, and I understand that if any such individual does not leave, any Kannapolis Police Officer may make arrest(s) for violation(s) of the trespass statute(s), N.C.G.S. 14-159.12 or 14-159.13, or other applicable statute(s). I agree to post "No Trespassing" signs satisfactory to the police department. If trespassing is prohibited during particular hours, they will be listed on the sign(s). I understand and agree that I can be called on to sign a complaint, and I hereby agree to do so. I agree to testify in court that I authorized the officers of the Kannapolis Police Department to act as my agent(s) and to order unauthorized individuals or groups to leave the premises described herein during enumerated hours. I agree to indemnify and to save and hold harmless the Kannapolis Police Department, Kannapolis police officers, the City of Kannapolis, and city officials from any and all liability, costs, and/or damages arising from any action taken pursuant to this authorization.

Period of Enforcement: *(Days and Hours during which Absolutely NO ONE is permitted on the property)*

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24 Hours Every Day

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Other (Specify)

_____ AM PM until _____ AM PM

Applicable Days of Week: M T W T F S S

Termination: If I wish to terminate this authorization to act as agent, or if my ownership or authority over this property should end, I will notify the Kannapolis Police Department within 24 hours, orally (by telephone or in person) and in writing.

Expiration: This Authorization to Act as Agent shall expire one (1) year from the date of execution indicated below. I understand that I may apply to renew this Authorization to Act as Agent by notifying the office of the Chief of Police, in writing, of my desire to do so. Upon approval by the Police Department, the Authorization is extended one year from the date it was originally executed. The police department can refuse to act pursuant to this authorization in the event that any condition herein is not met.

DATE: _____

Name of Person Authorizing (Print):

Signature of Person Authorizing:

Position (owner, manager, etc):

Name of owner(s) if not named above:

Address (of Property):

Description (store, vacant lot, etc):

Contact person(s) for the business or property:

Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
ZIP: _____	ZIP: _____
Daytime Phone: _____	Daytime Phone: _____
Nighttime Phone: _____	Nighttime Phone: _____
Other Phone: _____	Other Phone: _____

NO TRESPASSING SIGNS POSTED ON PREMISES: Yes No

Verified By: _____

STATE OF: _____
COUNTY OF: _____

I, _____, a Notary Public in and for said county and state, do hereby
certify that _____ personally appeared before me this date and
acknowledged the due execution of the above instrument. Witness my hand and seal this the
_____ day of _____, _____

My Commission Expires: _____

Notary Public: _____

Signature of Notary

Approved by: _____ Date : _____

Chief of Police
Kannapolis Police Department